Illinois Department of Public Health

CTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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IL6		1L6005888	B. WING		10/14/2020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
MATTOON REHAB & HCC 2121 SOUTH NINTH					
MATTOON REHAB & RCC MATTOON, IL 61938					
(X4) ID PREFIX			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B		F 197
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)	
S 000	Initial Comments		S 000		- E-1
	Complaint Investigation	on		\$2. 1947 e	24
	2067972/IL127551			W	i
S9999 (	Final Observations		S9999		
	Statement of Licensure Violations				i
	300.610a)				
	300.1210b)				
	300.3210f)				
	300.3240a)				
, ,	Section 300.610 Resident Care Policies				
	a) The facility shall have written policies and				
	procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			10	(#S
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ii .	Section 300.1210 General Requirements for		50		
	Nursing and Personal Care		į		y II
ı	b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological				
				Attachment A	
	well-being of the resident, in accordance with			Statement of Licensure Violatio	ns
	each resident's comprehensive resident care				
t	plan. Adequate and pr	operly supervised nursing			
Ilinois Department of Public Health					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

13L511

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ C IL6005888 B. WNG\_ 10/14/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH MATTOON REHAB & HCC **MATTOON, IL 61938** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BIE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300,3210 General f) The facility shall make reasonable efforts to prevent loss and theft of residents' property. Those efforts shall be appropriate to the particular facility and may, for example, include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to ensure R1 and R2 were not subjected to misappropriation, exploitation, and theft of property by an employee. This failure affects two residents (R1, R2) out of six reviewed for misappropriation. This failure resulted in financial and emotional/psychosocial harm to R1. This failure also resulted in financial harm to R2. Findings include: The facility's Abuse Prevention and Prohibition Policy dated November 2018 documents each resident has the right to be free from abuse, residents must not be subjected to abuse by anyone, the facility prohibits abuse of residents, and also prohibits misappropriation of resident property.

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ C B. WING 10/14/2020 IL6005888 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH **MATTOON REHAB & HCC MATTOON, IL 61938** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 1. The facility's Final Report dated 10/2/20 documents R1 resided at the facility 7/31/20 through 9/5/20. This same report documents R1 experienced medical diagnoses including Myocardial Infarction (heart attack), Chronic Obstructive Pulmonary Disease, Respiratory Failure, Dyspnea, Malignant Neoplasm of Prostate, and Anxiety. This Final Report documents R1 reported to the facility that R1's state paid LINK card (public assistance) was missing and had been used by someone other than R1's self, and R1 was reporting the possibility it could have been a facility employee but could not understand how someone could obtain R1's PIN (personal identification number) for the card. This report documents that during a police investigation, a facility employee (V3/Certified Nursing Assistant) was identified on camera using R1's LINK card. On 10/13/20 at 9:24 am, V1 (Administrator) stated. "I did work with (V10/Local Police Officer) in identifying a photo of the person using (R1's) LINK card, and it was one of my employees (V3). V3 was working at that time so I brought V3 outside to the officer and suspended V3 pending the outcome of the investigation. V3 confessed to the theft of the LINK card and that V3 had obtained R1's personal information from R1's wallet by taking a picture of identification." On 10/13/20 at 11:12 am, V3, (former) Certified Nursing Assistant, stated, "I did take a LINK card from R1. I know I did something bad. I did get arrested." On 10/13/20 at 4:18 pm, R1 stated, "The day after I got out of (discharged from) the facility, my brother and a friend came over to help me clean out my cupboards because I had been in the

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Assistant) had admitted to taking \$100.00 (cash)

documents R2 had medical diagnoses including Malignant Neoplasm of the Lung, Cellulitis, Cognitive Impairment, Dyspnea, Pneumonia, Urinary Tract Infection, Chronic Obstructive Pulmonary Disease, and Anxiety. R2's record reflects R2 no longer resides in the facility.

from another resident (R2). This report

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